

**Work Order ID 100300****\*100300\***

Page 1

April-22-13 12:53:04 PM

Item ID: D4034-041

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Revision ID:

Item Name: Aft Upper Rib Assembly

Stop

**\*NS2\***

Start Date: 4/30/13 Start Qty: 4.00

~~\*4\*~~ ~~4~~  
~~\*4\*~~

Cust Item ID:

Required Date: 4/30/13 Req'd Qty: 4.00

Customer:

Reference:

Approvals:

Process Plan: ML5Date: 13-04-24

Tooling:

Date:

Run

Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr								
D4034	<u>pc1 B</u>	<u>13.04.25</u>							
100									

**\*100\***

Large Fab

Memo

0.00

Large Fab

1- Assemble ribs to hoop and weld as per dwg DT9564

2- Weld bushing in rib and grind weld flush as per dwg

(4) 31-e 13-06-12

110

QC9- Inspect visual per QSI004- Fusion Welds

0.00

**\*110\***

QC

Memo

0.00

Quality Control

DAS

09

-89

120

QC5- Inspect part completeness to step on W/O

0.00

**\*120\***

QC

Memo

0.00

Quality Control

DAS

09

-89

(1) 13-06-12(5) 13-06-12

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS																																																																																																						
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other																																																																																																					
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Work Order ID 100300

\*100300\*

Page 2

April-22-13 12:53:04 PM

Item ID: D4034-041

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Stop

\*NS2\*

Item Name: Aft Upper Rib Assembly

Start Date: 4/30/13 Start Qty: 4.00

\*4\*

Cust Item ID:

Required Date: 4/30/13 Req'd Qty: 4.00

\*4\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

130

Identify as per dwg & Stock Location: WA4 0.00

\*130\*

Packaging

Packaging

140

QC21- Final Inspection - Work Order Release

0.00

\*140\*

QC

Quality Control

Memo

0.00

PL13-617 4

13/6/13 JJ

MF  
13-6-13

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other							

# Picklist Print

April-22-13 12:53:04 PM

Page 1

Work Order ID: 100300

Parent Item: D4034-041

Start Date: 4/30/13

Required Date: 4/30/13

Parent Item Name: Aft Upper Rib Assembly

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP RevA: new issue DD 09.11.23 verified by:EC IPP Rev:B as per dwg revA 10.03.15  
verified by:EC IPP Rev:C 11.01.19 AS PER DWG REV.B DD VERF:EC IPP  
Rev:D 13.03.14 AS PER DWG REV.pc1 DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
43759-1 Rushing		Manufactured	No			100	Each	316.0000	1	4			

Location	Loc Qty	Loc Code
WA004	316	
66489	1	
79213	1	
83464	7	
86550	20	
88236	3	
89780	3	
90786	11	
98089	30	
98756	240	

Location	Loc Qty	Loc Code
WA004	13	
83755	1	
89359	1	
95920	11	

Location	Loc Qty	Loc Code
WA	7	
95137	7	
WA005	3	
84590	1	
94179	2	
WA006	10	
94735	10	

NCR: Yes / No

DQA: Date:

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS								
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>						
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector		
Doc/Data	<input type="checkbox"/>													
Equip/Tooling	<input type="checkbox"/>													
Operator	<input type="checkbox"/>													
Material	<input type="checkbox"/>													
Setup	<input type="checkbox"/>													
Other	<input type="checkbox"/>													
Process	<input type="checkbox"/>													
Supplier	<input type="checkbox"/>													
Training	<input type="checkbox"/>													
Unapproved	<input type="checkbox"/>													
FAULT CATEGORY														
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge			<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

# Picklist Print

April-22-13 12:53:04 PM

Page 2

Work Order ID: 100300

Parent Item: D4034-041

Parent Item Name: Aft Upper Rib Assembly

Start Date: 4/30/13

Required Date: 4/30/13

Start Qty: 4.00

Required Qty: 4.00

D4021-7  
Hoop

Manufactured No 100 Each 9.0000

1 ~~4~~ 4 13-06-12

B100432 + 4

Location	Loc Qty	Loc Code
WA004	9	
88428	3	
97560	4	
97724	2	

D4021-9  
Bushing

Manufactured No 100 Each 165.0000

4 ~~16~~ 16 13-06-12

B102482 x 16

Location	Loc Qty	Loc Code
WA002	4	
99143	4	
WA004	161	
66437	2	
70333	4	
72482	4	
82977	1	
84717	3	
88077	23	
88377	7	
92020	12	
98702	31	
98877	74	

~~D4034-1~~

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

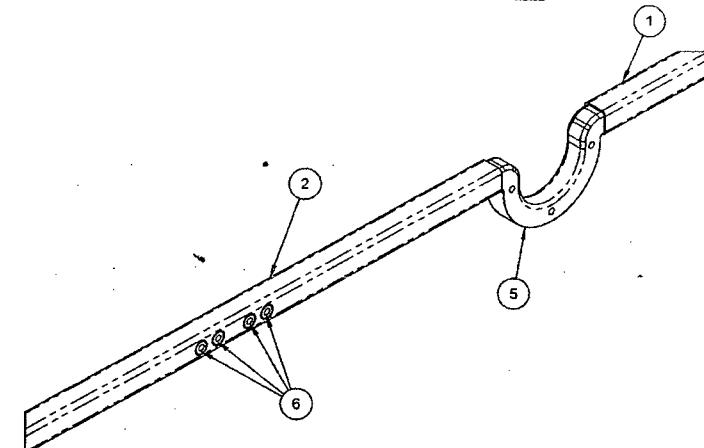
## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

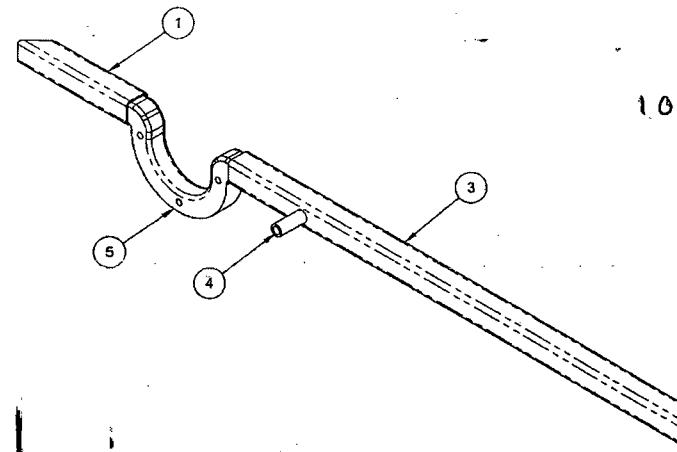
Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS								
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
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FAULT CATEGORY													
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other			

ITEM	QTY -041	QTY -043	P/N	DESCRIPTION
	X		D4034-041	AFT UPPER RIB ASSY
		X	D4034-043	FWD UPPER RIB ASSY
1	1	1	D4034-1	RIB
2	1		D4034-3	RIB
3		1	D4034-5	RIB
4		1	D2327-3	SPACER BUSHING
5	1	1	D4021-7	HOOP
6	4		D4021-9	BUSHING

△ B



D4034-041 AFT UPPER RIB ASSY △ B

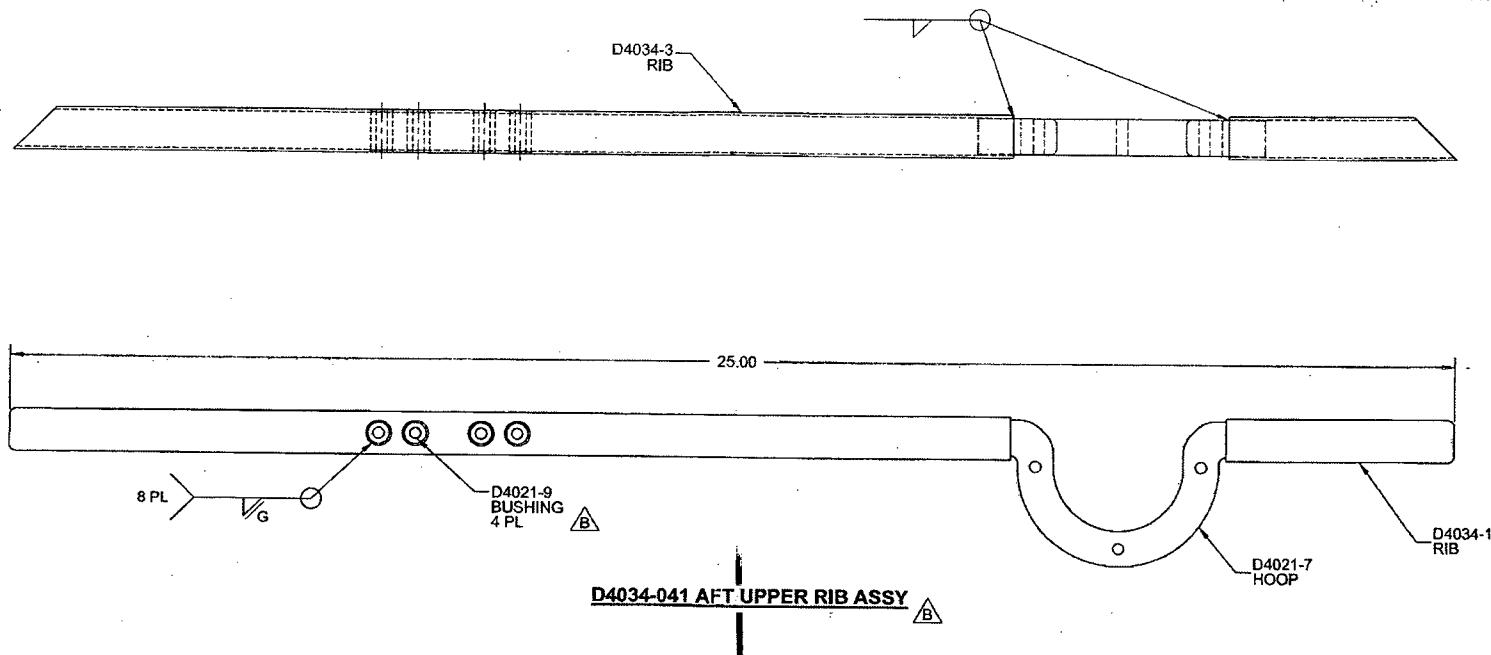


D4034-043 FWD UPPER RIB ASSY

100300 MLJ  
13-04-24

RELEASED  
2011-01-18  
JM

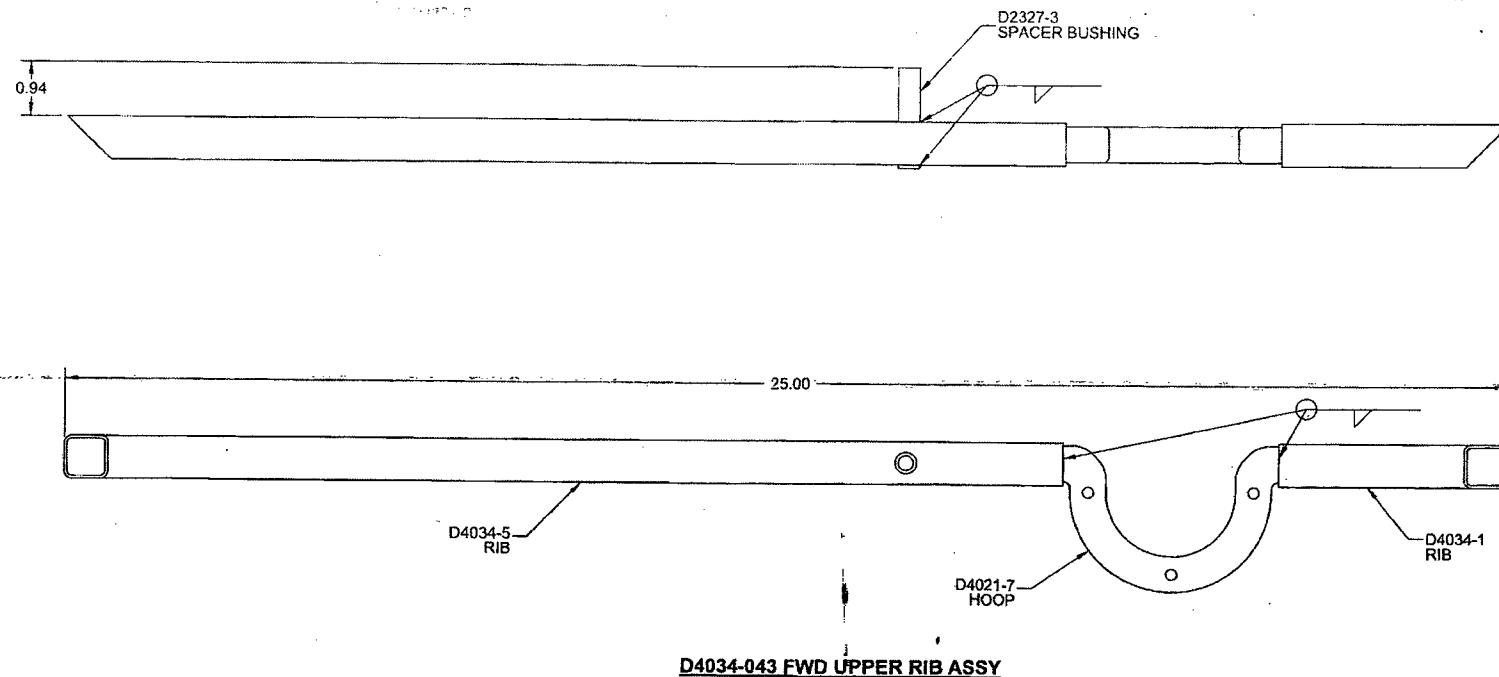
B	ADDITIONAL HOLES ADDED ON D4034-3 RIB		SC	10.12.20
A	NEW ISSUE		AJS	10.03.04
	DESCRIPTION		BY	DATE
REV.	DESIGN	AJS	DART AEROSPACE LTD	
	DRAWN	SC	HAWKESBURY, ONTARIO, CANADA	
	CHECKED	IS	DRAWING NO.	REV. B
	MFG. APPR.	IS	D4034	SHEET 1 OF 4
	APPROVED	IS	TITLE	SCALE
	DE APPR.	IS	UPPER RIB ASSY, BASKET BASE	NTS
	DATE	10.12.20	COPYRIGHT © 2010 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	



RELEASED  
R 2011-01-18  
M

NOTES:  
 1) MATERIAL: N/A  
 2) FINISH: NONE  
 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED  
 4) UNITS: INCHES UNLESS OTHERWISE NOTED  
 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX  
 6) IDENTIFICATION: N/A  
 7) WEIGHT: 1.61 lbs  
 8) WELD PER DART QSI 004

DESIGN	AJS	DART AEROSPACE LTD
DRAWN	SC	HAWKESBURY, ONTARIO, CANADA
CHECKED	<i>HS</i>	DRAWING NO. REV. B
MFG. APPR.	<i>AS</i>	D4034 SHEET 2 OF 4
APPROVED	<i>AS</i>	TITLE SCALE
DE APPR.	<i>AS</i>	UPPER RIB ASSY, BASKET BASE NTS
DATE	10.12.20	COPYRIGHT © 2010 BY DART AEROSPACE LTD THE DOCUMENT CONTAINS TRADE SECRET INFORMATION OWNED BY DART AEROSPACE LTD. IT IS UNAUTHORIZED TO MAKE COPIES OF THIS DOCUMENT OR COMMUNICATE IT TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.

D4034-043 FWD UPPER RIB ASSY

NOTES:  
 1) MATERIAL: N/A  
 2) FINISH: NONE  
 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED  
 4) UNITS: INCHES UNLESS OTHERWISE NOTED  
 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX  
 6) IDENTIFICATION: N/A  
 7) WEIGHT: 1.58 lbs  
 8) WELD PER DART QSI 004

DESIGN	AJS	DART AEROSPACE LTD
DRAWN	SC	HAWKESBURY, ONTARIO, CANADA
CHECKED	<i>1</i>	DRAWING NO. REV. B
MFG. APPR.	<i>1</i>	D4034 SHEET 3 OF 4
APPROVED	<i>1</i>	TITLE
DE APPR.	<i>1</i>	SCALE
DATE	10.12.20	NTS

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